

9

Mailing Label  
Label 11-F July 1997

\* EL 497493341US \*

EL 497493341US

DELIVERY (POSTAL USE ONLY)		
	Time	Employee Signature
Delivery Attempt	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature
Delivery Attempt	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature
Delivery Date	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature
Signature of Addressee or Agent		
X Name - Please Print		
X		

OR OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested.  
 Delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges  
 delivery can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of  
 delivery.

Weekday  Holiday

32/ 50

FO

TO: (PLEASE PRINT)  
PHONE [ ]  
Customer SignatureAssistant Commissioner for Patents  
Box CPA  
Washington, DC 20231

800-222-1811 www.usps.gov



\* EL 497493341US \*

EL 497493341US

Customer Copy  
Label 11-F July 1997SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE  
DATE DOCKETED

MAR 19 2001

3/19/2001

JAK

WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested.  
 I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges  
 that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of  
 delivery.

Weekday  Holiday

NO DELIVERY

Customer Signature

TO: (PLEASE PRINT)

PHONE [ ]

Assistant Commissioner for Patents  
Box CPA  
Washington, DC 20231

32

FO

POS OFFICE  
TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	Flat Rate Envelope
34601	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Mo. Day Year	<input type="checkbox"/> 12 noon <input type="checkbox"/> 3 PM	Postage \$
AM PM		12.25
Int'l Alpha Country Code	COD Fee	Insurance Fee
Acceptance Clerk Initials	Total Postage & Fees \$	10.25

STOMER USE ONLY  
METHOD OF PAYMENT:  
X7-70-785

MAIL Corporate Acct. No. X7-70-785  
 Agency Acct. No. or  
 Service Acct. No.  
 ROM: (PLEASE PRINT) PHONE 713 892-3669  
 UNIVATION TECHNOLOGIES  
 5555 SAN FELIPE ST STE 1950  
 HOUSTON TX 77056-2746  
 Attn: Tammy Hodges-Law Dept.  
 Re. 1998U004.US

ESS HARD.  
 are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



# FEE TRANSMIT

Note: Effective November 10, 1998.  
Patent fees are subject to annual revision.

Total Amount of Payment (\$ 3,260.00)

## METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:

Deposit Account Number:

50-0589

Deposit Account Name: Univation Technologies, LLC

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

## FEE CALCULATION

### 1. FILING FEE

Large Entity Fee Code	Fee Description	Fee \$	Fee Paid
101	710 Utility filing fee		710.00
106	355 Design filing fee		
107	490 Plant filing fee		
108	710 Reissue filing fee		
114	150 Provisional filing fee		710.00
<b>SUBTOTAL (1)</b>			

### 2. CLAIMS

Total Claims  $120 - 20 = 100 \times 18 = 1,800.00$

Independent Claims  $11 - 3 = 8 \times 80 = 640.00$

Multiple Dependent Claims  $0 \times 260.00 = .00$

### Large Entity

Fee Code	Fee \$	Fee Description
103	18	Claims in excess of 20
102	78	Independent claims in excess of 3
104	260	Multiple dependent claim
109	78	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		3,150.00

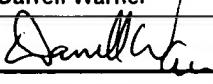
Complete if Known

Application Number	13,216
Filing Date	July 10, 1998
Inventors	Agapios K. Agapiou, et al.
Group Art Unit	1755
Examiner Name	M. Di Verdi
Attorney Docket Number	1998U0004US

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Fee Code	Large Entity Fee \$	Fee Description	FEES PAID
105	130	Surcharge – late filing fee or oath	
127	50	Surcharge – late provisional filing or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1,360	Extension for reply within fourth month	
128	1,850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
141	1,210	Petition to revive – unintentional	
142	1,210	Utility issue fee (or reissue)	
143	430	Design issue fee	
144	580	Plant issue fee	
122	130	Petition to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of information Disclosure Stmt.	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR 1.129(a))	
<b>EXTENSION FEE FOR REPLY WITH THIRD MONTH-- NOTE 2-MONTH PREVIOUSLY PAID FOR ON JANUARY 26, 2001, THEREFORE FEE IS \$110.00.</b>			\$110.00
<b>SUBTOTAL (3)</b>			\$110.00

Typed or Printed Name	Darrell Warner	Reg. No.	36,046
Signature		Date	March 16, 2001

6. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0589.

- a.  Fees required under 37 C.F.R. § 1.16.
- b.  Fees required under 37 C.F.R. § 1.17.
- c.  Fees required under 37 C.F.R. § 1.18.

7.  Other: Request For One (1)-Month Extension of Time.

#### 8. NEW CORRESPONDENCE ADDRESS

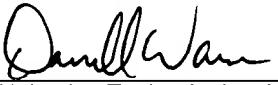
Customer Number or Bar Code Label

or  New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Darrell Warner Univation Technologies, LLC				
Address	Law Department 5555 San Felipe, Suite 1950				
City	Houston	State	Texas	Zip Code	77056
Country	U.S.A.	Telephone	(713) 892-3667	Fax	(713) 892-3687

#### 9. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Darrell Warner		
Signature			
Company/Firm	Univation Technologies, LLC		
Registration No. (Attorney/Agent)	36,046		
Date	March 16, 2001		

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